

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155682	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Woodmont Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 Rockport Rd Boonville, IN 47601	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39130</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control practices to help mitigate the spread of COVID-19. Staff failed to complete proper hand hygiene, touched resident furnishings without performing hand hygiene, and placed a dirty glove on top of a medication cart during 2 of 3 observations of care. (Resident C, Resident D)</p> <p>Findings include:</p> <p>1. During an observation on 10/29/24 at 10:49 A.M., CNA 7 was providing urostomy care and incontinence care for Resident C. CNA 7 indicated Resident C required Enhanced Barrier Precautions due to the urostomy. Following urostomy care, CNA 7 removed Resident C's soiled brief and provided peri-care. CNA 7 then removed both gloves and completed a 10 second handwashing. CNA 7 then applied new gloves and placed a new brief on the resident. CNA 7 indicated they had forgotten to apply a pad around the urostomy insertion site. CNA 7 removed gloves and completed a 12 second handwashing. CNA 7 applied new gloves and placed a pad around the ostomy insertion site. CNA 7 then removed and disposed of gloves, pulled the trash bag from the bin next to the resident's bed, grabbed the resident's privacy curtain with bare hands and pulled the curtain to the side, then entered the resident's bathroom to complete hand hygiene.</p> <p>2. During an observation on 10/29/24 at 11:05 A.M., RN 4 completed glucose monitoring for Resident D. RN 4 completed hand hygiene, donned gloves, pricked Resident D's finger with a lancet drawing a drop of blood from the finger, then checked the resident's blood sugar level with a glucometer. RN 4 instructed Resident D to grab a tissue for her finger, then RN 4 removed one glove as she exited the resident's room, carrying the glucometer in the other hand. RN 4 then placed one used glove on a medication cart in the hall, placed the glucometer on the medication cart, removed the other glove, and then threw both gloves in the trash on the medication cart. RN 4 then completed hand hygiene. RN 4 proceeded to ask a resident across the hall if they would like a pain medication.</p> <p>During an interview on 10/29/24 at 12:30 P.M., CNA 7 indicated that staff should wash hands with a scrub time of 20 seconds. CNA 7 indicated she was counting during hand hygiene and counted between 15-20 seconds during all handwashing, then stated she may have been counting fast.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/29/24 at 11:20 A.M., the Director of Nursing (DON) supplied a facility policy titled, Guideline for Handwashing/ Hand Hygiene, dated 2/9/17. The policy indicated, .3. Health Care Workers (HCW) shall use hand hygiene at times such as: .c. Before/after having direct physical contact with residents. d. After removing gloves, worn per Standard Precautions for direct contact with excretions or secretions, mucous membranes, specimens, resident equipment, grossly soiled linen, etc . Procedures 1. Hand Washing a) Turn on water . b) wet hands with running water. Apply liquid soap and work into lather. c) Wash well for at least 20 seconds .</p> <p>This citation relates to complaint IN00441635.</p> <p>3.1-18(b)</p> <p>3.1-18(l)</p>		